Engaging Communities and Leaders

This section includes the following EZ/EC Health Benchmarking Demonstration Project materials relevant to engaging communities and leaders in health improvement efforts.

Lists potential partners to involve in EZ/EC health improvement efforts. May be used to: 1) begin identifying individuals and organizations to invite to participate in health advisory groups, 2) spark dialogue among advisory group participants about others who need to be "at the table," or 3) identify potential audiences to involve in the process through stakeholder interviews.

Identifies and summarizes published articles about the roles of local health structures. Prepared during the EZ/EC Health Benchmarking Demonstration Project in response to a request from the mayor of Wilmington, who was considering the potential roles and benefits of creating a health office or other health structure in the absence of a local health department. (The need to create a health structure was one of the Wilmington EC's priorities. See "Example¾Preliminary Health Priorities for Wilmington, DE.")

Outlines potential purposes and models of local health structures and summarizes the ten essential public health services. Prepared in response to a request from the mayor of Wilmington, who was considering the potential roles and benefits of creating a health office or other health structure in the absence of a local health department. May be useful to EZ/EC leaders that recognize a need to create a focus for health efforts within the EZ/EC or the larger community.

HEALTH

Coroner – city, county, state
Emergency Medical System
Home health agencies
Health departments – city, county, state
Health Professionals (individuals and
societies)
Local hospitals
Nursing homes
Nutrition Centers
Mental health organizations
Red Cross chapters-local, state

EDUCATION

Colleges and universities
Schools- elementary, secondary
University extension service

VULNERABLE POPULATIONS

Area Council on Aging
Corrections
Day care facilities
Disabled citizen's alliance
Health department clients
Human resources council
Shelters
Soup kitchens
Youth coalitions

PLANNING/ REGULATORY AGENCIES

Area Health Education Center
Army Corps of Engineers
City managers/ county commissioners/
boards
Mayor's Office
Regional planning councils
State Legislators

SOCIAL FUNCTIONING

Churches
Civic Groups
County and city programs – recreation,
parks, etc.
Fire fighters
Interagency coalitions and councils
Law enforcement
Special county or city programs
Water Patrol

BUSINESS

Businesses
Chamber of Commerce
Community economic development
directors
Industry
Military installations

FUNDING SOURCES

Local philanthropic institutions
United Way

COMMUNICATION

Community newsletters
Health media advocates
Newspapers
Radio stations
Television

LITERATURE SEARCH SUMMARY:
LOCAL HEALTH STRUCTURE MODELS

The Public Health Foundation searched published literature to identify models and lessons learned from various health structures.   While the literature is not extensive in this area, we identified several articles that may provide guidance to Wilmington. Abstracts for referenced articles are attached.

Local Health Structures
"Models that work" to improve local community health include local boards of health, academic–community partnerships, and broad-based coalitions. Regardless of the type of structure, staffing is critical to their effective functioning (Goodman).

Local boards of health "provide assistance and leadership in systemization and improvement of the healthcare in communities." These boards represent well the views of their communities (Conway). Representation is sought from a variety of health and community sectors (usually physicians, office holders, and community members).

Academic-community partnerships have been useful ways of uniting some communities. As an example, the Center for Healthy Communities in Milwaukee, Wisconsin has used principles of partnership to build a foundation for community health development (Maurana).

Legislatively mandated broad-based coalitions often provide a forum and a mission for individuals representing sectors of the business, service, and neighborhoods. An example from San Diego describes Community Health Improvement Partners (CHIP), a 25-member coalition which conducts a triennial needs assessment, a community benefit plan, and an annual report. The main benefit is derived from the 12 work teams with specific areas of concern (JCJQI1998).

Benefits of Local Community Health Structures
In the literature, there are clear indications that a focal point for health is important to the overall health of the community. There are four areas where enhanced participation in health benefits citizens and complements the political agenda of those in office.

1) Joint, state and local, development of health policies and program implementation creates efficiency, effectiveness, and achievement of objectives. Paul-Shaheen presents phases of working together in a case study format. He also suggests a model for policy and program development that entails interaction between state and local staff. Having a strong, informed, prepared health response in the City makes for a more balanced partnership with the State.

2) When communities assess and prioritize their own health, support for health-related political action is generated (Keck). "Constituent demand for improved health status could provide the support politicians need."

3) The top local official is apt to be more involved in health when politically salient issues are linked to health (Marando).

4) Bender offers a stepped approach to handling public concerns over clusters of disease in schools, neighborhoods, and worksites. Success requires that "officials develop effective communication, maintain objectivity, and provide leadership for controversial and difficult issues." Scutchfield and colleagues describe one program for developing public health leadership among senior staff.

Guidance for Establishing a Health Focus in Wilmington

I. Creating a Local Health Office

A. Purpose

The primary purpose of a health office should be to help assure a functioning local health system that serves the needs of Wilmington residents. We recommend that the responsibilities of the office be guided by the ten essential public health services (below) developed by the U.S. Public Health Functions Steering Committee. The qualifications of office personnel should support their ability to assess Wilmington's public health system, coordinate with a wide range of constituencies, and assure that the essential public health services are available.

Using the framework of the ten essential public health services, the health office could:

- Assess the extent to which essential public health services are provided in Wilmington by state, federal, and local agencies, including the Delaware Division of Public Health, Department of Natural Resources and Environmental Control, Wilmington Licensing and Inspection Office, U.S. Environmental Protection Agency Region 3, federally qualified health centers, hospitals, and other community agencies

- Assess how well the essential services meet local needs, in partnership with the providers of services, community members, local officials, and consumers of services

- Serve as Wilmington's advocate and liaison to state and federal agencies, particularly to maximize the benefit of services already provided by these entities and to address gaps in the public health system

- Monitor progress toward achieving Wilmington public health objectives set by the community and public health agencies that serve the City

- Identify resources to address unmet needs in the local public health system

- Provide local leadership and coordination in Wilmington's response to public health needs not addressed by other entities

> ### *Essential Public Health Services*
>
> 1. Monitor health status to identify community health problems.
> 2. Diagnose and investigate health problems and health hazards in the community
> 3. Inform, educate, and empower people about health issues
> 4. Mobilize community partnerships to identify and solve health problems
> 5. Develop policies and plans that support individual and community health efforts
> 6. Enforce laws and regulations that protect health and ensure safety
> 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
> 8. Assure a competent public health and personal health care workforce
> 9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
> 10. Research for new insights and innovative solutions to health problems

B. Assessing Performance of Wilmington's Local Public Health System

A tool to assess the performance of local health systems is currently under development by the Centers for Disease Control and Prevention (CDC). The City of Wilmington, Delaware, would be considered a local public health system for the purposes of these performance standards. This tool is based on the essential public health services and includes model community standards and straightforward questions to guide community assessments, such as:

"Do entities within the local public health system (LPHS) provide or assure culturally and linguistically appropriate promotional and educational material for special population groups?"

"Do entities within the LPHS provide or assure adequate transportation services for those with special needs?"

"Does the LPHS evaluate the population-based preventative health services for the entire community at least every two years?"

"Have entities within the LPHS been granted authority to enforce any public health laws or regulations?" "Do the authorized entities exercise that authority?"

"Do referral mechanisms exist in the community between the personal heath and mental/behavioral health systems?"

"Does the LPHS use surveillance data to monitor sudden change in incidence, prevalence, and distribution of disease, injury, and health compromising and toxic events?"

"Are surveillance data communicated at least quarterly to community health professionals?"

We believe this tool could be highly useful in Wilmington and are aware of no current plans to pilot the tool in a city without a local health department. The Public Health Foundation, as part of the tool's development team, may be able to facilitate Wilmington's involvement as a pilot site, if desired.

II.   Common Local Health Models

The two most common models of local health structures are **local health departments** (service and administrative units of local government) and **local boards of health**, which vary in composition, responsibilities, and policy-making authority. Most municipalities in the U.S. are served by local health departments (mainly county, multi-county, city, or city/county health departments). Local boards of health are used in approximately three-fourths of states to provide local input into or control of the operation of local public health agencies. We previously sent to Zachariah Lingham some draft materials on establishing a local board of health from the National Association of Local Boards of Health (NALBOH). We would be pleased to offer additional information on these two models at your request.

Example materials from the **EZ/EC Health Benchmarking Demonstration Project**, a joint project of the Public Health Foundation (www.phf.org) and the Assistant Secretary for Planning and Evaluation and Office of Disease Prevention and Health Promotion, Department of Health and Human Services (www.dhhs.gov)   9/99

29

III. Wilmington, Delaware, in a National Context

Delaware is one of few states (e.g. Vermont, Rhode Island, New Mexico, and Hawaii) that do not have local health departments. In these states, centralized public health services are provided by or under the authority of the state health agency. In centralized states, regional or district health officers are typically employees of the state.

Although **Vermont** has no local health departments, each town has its own local board of health, which is usually the town Board of Selectpersons. The board of health is responsible for appointing the town health officer. Vermont local health officers are agents of the State health department and have the authority to enforce State regulations in local jurisdictions.

Rhode Island has no local health departments, local health officers, or local boards of health. All public health services are carried out by the State. Rhode Island public health officials told us that they saw a need for a point person in many municipalities, yet no communities have appointed a staff person or created a health office.

In **New Mexico**, district health officers are appointed and employed by the State and are responsible for providing information on public health issues to local elected officials, local quality assurance functions, planning, evaluation, and serving as a liaison to community agencies and medical providers.